

## FC-06

### Home self-administration of vaginal misoprostol for medical abortion at 50 to 63 days compared with gestation of below 50 days

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**Objectives:** To assess efficacy, feasibility and acceptability of home self-administration of misoprostol for medical abortion up to 63 days' gestation in clinical routine as assessed by questionnaires.

**Materials and methods:** Women who chose home administration of misoprostol for medical abortion (n=395) were recruited for this prospective study at the outpatient abortion clinic. Gestational length was assessed by ultrasound. Mifepristone 200 mg was given orally in hospital and the patients inserted misoprostol tablets 800 µg vaginally 36–48 hours later at home. Follow-up was two weeks later with low sensitivity urine-hcg according to routine practice.

**Results:** A total of 395 women participated in this study. All participating women aborted at home without serious adverse events, blood transfusions or side effects. A total of 203 women had gestations below 50 days and 192 women had gestations between 50-63 days. Surgical evacuation was needed in four women in the lower gestational band and six women in the higher gestational band due to continuing pregnancy, heavy bleeding or incomplete abortion. Efficacy was 97,5% and was not affected by gestational age (p=0,36). Preference for home administration of misoprostol were they to have another induced abortion in the future was high, 92,3% and 86,6% respectively, and did not differ between the groups (p=0,097).

**Conclusions:** Medical abortion with mifepristone followed by home administration of vaginal misoprostol is safe and highly acceptable also to women with gestational length of 50-63 days as compared with shorter gestations. Efficacy, acceptability and preference for future place of administration of misoprostol were women to have another abortion did not differ between women with gestation below 50 days or between 50 and 63 days.